

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/936146**

FILING DATE

**11 FEB 2002**

APPLICANT(S)

*Testa*

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/					51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8	/	/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14	/	/					64						
15		/					65						
16		/					66						
17		/					67						
18		/					68						
19		/					69						
20	/	/					70						
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23							73						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	18	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	22						TOTAL CLAIMS						